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ILLINOIS COMMERCE COMMISSION

Section 757.EXHIBIT A LEC and ETC Quarterly Report to Commission

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**LIFELINE AND
UNIVERSAL TELEPHONE SERVICE ASSISTANCE PROGRAM
QUARTERLY REPORT TO THE ILLINOIS COMMERCE COMMISSION**

Company <u>RCLEC, Inc.</u>		Date of Submission <u>10/28/2016</u>			
Mailing <u>20 Davis Drive</u>		Data Period: Year <u>2016</u>			
Address <u>Belmont, CA 94002</u>		Quarter: 1 st 2 nd <u>3rd</u> 4 th			
Contact Name <u>Evelynn Vu</u>		Type of Filing: <u>Original</u> Correction			
Telephone <u>650-489-7856</u>		Service Type: Wireline Wireless			

Program	(a) Month: <u>July</u>	(b) Month: <u>August</u>	(c) Month: <u>September</u>	(d) Quarter Totals _____	(e) Year-to- Date Totals: _____
	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
1.0 UTSAP INSTALLATION WAIVER					
1.1 Number of applications approved during the month	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
1.2 Number of customers for whom supplemental installation charges were waived during the month	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
1.3 Supplemental installation charges waived	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
2.0 LIFELINE – FEDERAL					
2.1 Number of Federal Lifeline customers at end of month	<u>0</u>	<u>0</u>	<u>0</u>		
2.2 Number of Illinois Federal Lifeline applications approved during the month	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
2.3 Number of Illinois Federal Lifeline customers added during the month					
2.4 Number of Illinois Federal Lifeline customers lost during the month					
2.5 Total Illinois Federal Lifeline Assistance					

3.0 LIFELINE – UTSAP SUPPLEMENTAL MONTHLY ASSISTANCE					
3.1 Number of UTSAP funded Lifeline customers at end of month	** 0	0	0		
3.2 Number of UTSAP funded Lifeline applications approved during the month	0	0	0	0	0
3.3 Number of UTSAP funded Lifeline customers added during the month	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3.4 Number of UTSAP funded Lifeline customers lost during the month	0	0	0	0	0
3.5 UTSAP funded total Lifeline Supplemental Assistance	0	0	0	0	0

- a) NOTE: Each Local Telecommunications Carrier must file the original of this Exhibit A with the Chief Clerk of Illinois Commerce Commission and forward a copy to the UTSAP Administrator and the Staff Liaison within 30 days after the end of each calendar quarter. Each eligible telecommunications carrier, if not otherwise required by this Part, shall complete the "LIFELINE AND UNIVERSAL TELEPHONE SERVICE ASSISTANCE PROGRAMS QUARTERLY REPORT TO THE ILLINOIS COMMERCE COMMISSION" portion of this Exhibit A and file an original of this report with the Chief Clerk of the Illinois Commerce Commission within 30 days after the end of each calendar quarter.
- b) A Lifeline customer should be counted as approved during the month if the LEC accepts the customer for participation in the Lifeline Program during the month. A Lifeline customer should be counted as added during a month if the LEC provided an initial Lifeline subsidy to the customer during the month and claimed reimbursement for the subsidy. Please note that counts of approved and added customers will differ to the extent that customers approved in a month are not added (i.e., provided service and Lifeline subsidies) until subsequent months. A Lifeline customer should be counted as lost during a month if the LEC ceased providing the Lifeline subsidy to the customer during the month and did not claim reimbursement for the subsidy.

QUARTERLY REPORT TO THE ILLINOIS COMMERCE COMMISSION

STATUS OF UTSAP EXPENDITURES

LOCAL EXCHANGE
COMPANY:

RCLEC, Inc.

FOR CALENDAR QUARTER ENDING: Q3 – September 2016

UTSAP EXPENDITURE REPORT

	Current Quarter	Year to Date*
1. Telecommunications Expenses		
a. Billing and Data Processing	\$ <u>0</u>	\$ <u>0</u>
b. Customer Notification and Bill Inserts	<u>0</u>	<u>0</u>
c. Certification Administration (LEC) and Contact Time	<u>0</u>	<u>0</u>
(Total of Lines 1-6 below)		
1. Salaries & Fringe Benefits	<u>0</u>	<u>0</u>
2. Materials	<u>0</u>	<u>0</u>
3. Postage	<u>0</u>	<u>0</u>
4. Transportation Expenses	<u>0</u>	<u>0</u>
5. Preprinted Forms	<u>0</u>	<u>0</u>
6. Other	<u>0</u>	<u>0</u>
d. Certification Administration (IDPA/SSI)	<u>0</u>	<u>0</u>
e. Service Representative Training	<u>0</u>	<u>0</u>
f. Other, please specify	<u>0</u>	<u>0</u>
_____ TOTALS	\$ <u>0</u>	\$ <u>0</u>
Less UTSAP Reimbursement Received	\$ <u>0</u>	\$ <u>0</u>

BALANCES

\$ 0 \$ 0

* Includes Current Quarter

Note: Each Local Exchange Company must file the original of this Exhibit A with the Chief Clerk of the Illinois Commerce Commission and forward a copy to the UTSAP Administrator and the Staff Liaison within 30 days after the end of each calendar quarter. Expenses associated with the Federal Lifeline Program should not be reported on this form.

LECs shall maintain supporting documentation in such a manner as to be able to readily identify the above expenses in appropriate subaccounts.

Quarterly "Totals" reported on this page should correspond to the sum of the monthly "Administrative Costs" reported on Exhibit B by LECs with over 35,000 access lines.